

PATENT NUMBER

**U.S. UTILITY Patent Application**

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| O.I.P.E.                         | PATENT DATE |
| SCANNED <i>MD</i> O.A. <i>gn</i> |             |

|                              |                   |              |                  |                          |                                |
|------------------------------|-------------------|--------------|------------------|--------------------------|--------------------------------|
| APPLICATION NO.<br>09/926817 | CONT/PRIOR<br>D F | CLASS<br>428 | SUBCLASS<br>36.9 | ART UNIT<br>1773<br>1772 | EXAMINER<br><i>[Signature]</i> |
|------------------------------|-------------------|--------------|------------------|--------------------------|--------------------------------|

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TITLE  
Multilayered tube and medical supply comprising multilayered tube

see claim 2 *[Signature]*

PTO-2040  
12/89

[illegible]

|   |  |  |  |                                   |                      |
|---|--|--|--|-----------------------------------|----------------------|
| <input type="checkbox"/> <b>TERMINAL DISCLAIMER</b>   | <b>DRAWINGS</b><br>Sheets Drwg.    Figs. Drwg.    Print Fig. |  |  | <b>CLAIMS ALLOWED</b>             |                      |
|   |  |  |  | Total Claims                      | Print Claim for O.G. |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.                      | _____ (Assistant Examiner) _____ (Date)                      |  |  | <b>NOTICE OF ALLOWANCE MAILED</b> |                      |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S. Patent No. _____ |  |  |  | <b>ISSUE FEE</b>                  |                      |
|   | _____ (Primary Examiner) _____ (Date)                        |  |  | Amount Due                        | Date Paid            |
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